

Henry Brizel

Town

County

Died at

near accident Garretts

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

12 Nov 26

Age 36

4 26

Maryland former

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

QW

Father's

Name

Christian

Mother's

Susa Brown

Maiden Name

Cause of

Primary

Lorisitis

How long sick

7 days

Death

Immediate

Odyna of throat

Accident, Suicide, Homicide

Reported by

R. R. Rawlins Jr.

Address

Accident Rd.

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dame Bernice

Town

County

Died at

Swenton

Garrett

MARYLAND

Date 19

Month Day

Y.

M.

D.

Native of

Occupation

02 Nov 2

Age 41

—

—

—

Male

Widow

Divorced

White

Married

Widower

Divorced

Colored

Single

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Arch Bernard

Old Laam

Cause of

Primary

How long sick

Death

Immediate

1 week

Accident, Suicide, Homicide

Reported by

Mrs. Socar

Address

Swenton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Thomas F. Burke

Town

County

Died at

Oakland

Garrett

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1902

Nov 1st

Age 57

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Nannie Burke

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Afakenny

How long sick

Sudden

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. Legge

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1902	Month Nov	Day 4	Years 3
Sex Girl	Color or Race white	Birth-place Md	Months -
Married, Single or Widowed single	Occupation none	Days -	
Name of Wife or Husband —			
Father's Name Gustavus Crostons	Father's Birthplace Dr		
Mother's Maiden Name May Morris	Mothar's Birthplace Ma		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

Primary

Dont know

How long

Indefinite

Immediate —

How long

—

Are the name, age, sex, color, date and place correctly given above?

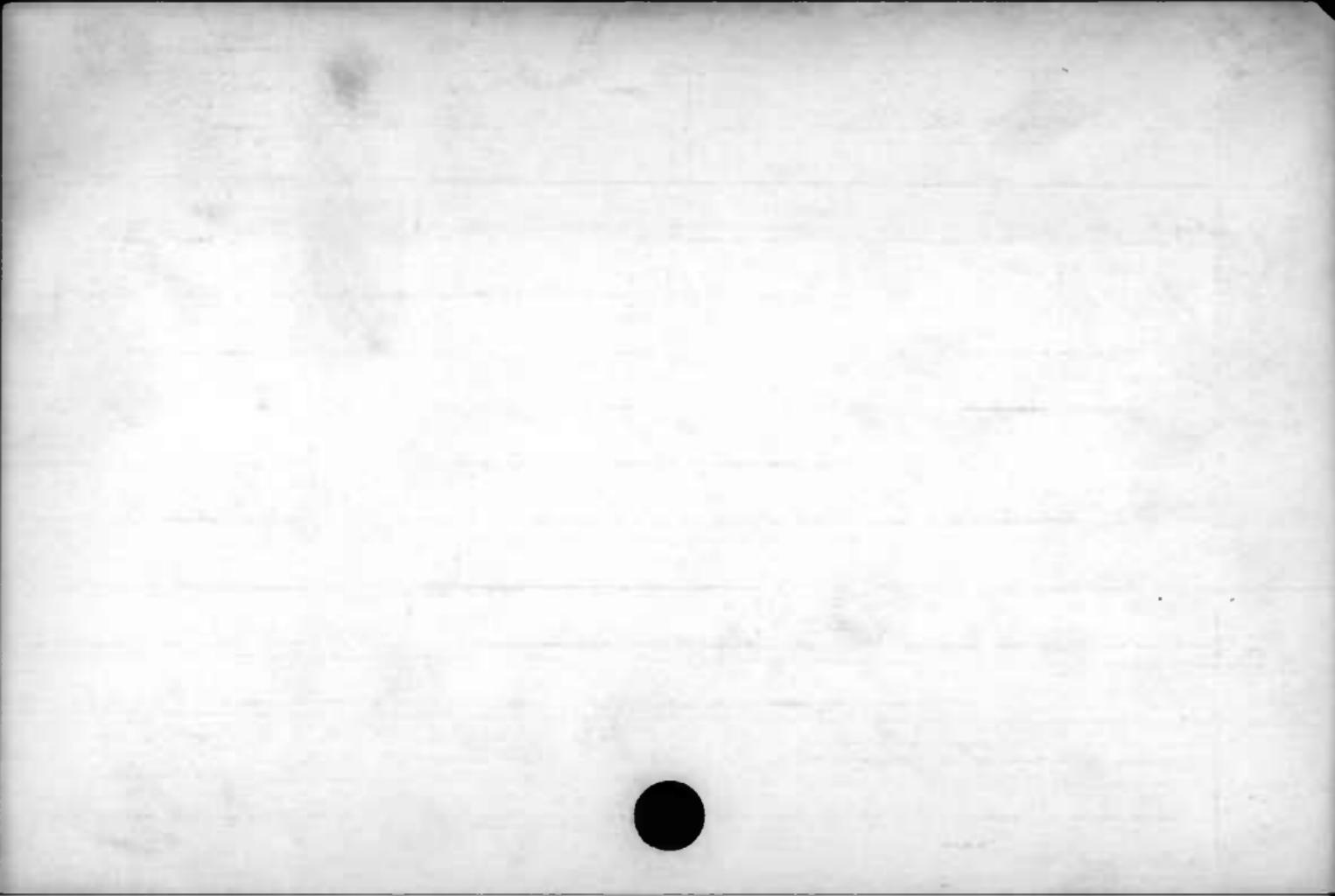
Signature of Physician

Address

179

Accident or Suicide?

X



Nellie Crow

Town

Sudley

County

Fairfax

MARYLAND

Died at

Died at

Month

Day

Y. M. D.

Native of

Occupation

Date 1902

Month

Day

Age

6-9

White

Female

Colored

Male

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

John Crow

Mother's

Maiden Name

108

Edna Roosevelt

Cause of

Primary

Acute Obstetric Disease

How long sick

3 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. Alan G. Dunnigan, M.D.

Address

Fayel [Redacted] Fairfax Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town	County			
<u>New Maryland</u>		<u>Garrett</u>				
Date	1902	Month	Day	Y.	M.	D.
		<u>Nov.</u>	<u>22</u>	<u>1</u>	<u>8</u>	
Age		Native of	MARYLAND			
Male	White	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>	Occupation	
Female	Caucasian	Single	<u>Widower</u>	<u>Number of children living</u>		
Husband of						
Wife						
Father's Name	<u>Hodderus Gottfert</u>			Mother's Maiden Name	<u>Ella Bowman</u>	
Cause of Death	Primary	<u>Morosnitis</u>			How long sick	<u>105</u>
	Immediate				Accident, Suicide, Homicide	
Reported by	<u>M. C. Hinshaw</u>					
Address	<u>Ocean City Md</u>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William E Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Caucasian	Birth- place	Md		
Married, Single or Widowed	Occupation		Married Farmer				
Name of Wife or Husband			Hester A Harvey				
Father's Name			Noah Harvey				
Mother's Maiden Name			Sarah Weston				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal Obstruction

How long

1 week

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

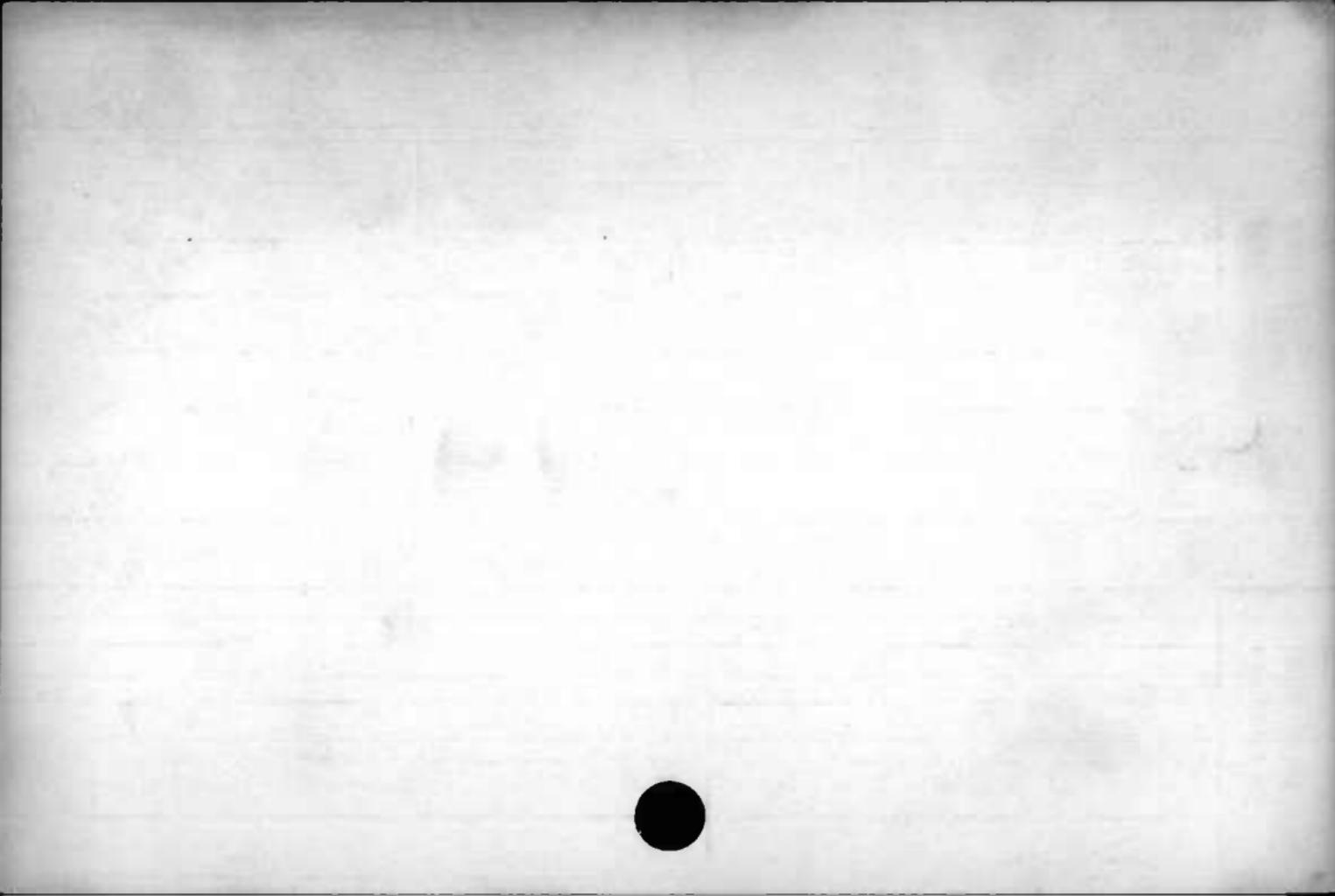
Signature of
Physician

Address

H. W. McComas

Oakland Md

Accident or Suicide?



Name in Full

Certificate of Death

Samuel Hilman

Died at ^{Town} Hillman ^{County} Garrett Co MARYLAND

Date 189	Month Nov	Day 11	Age 76	M. 2	D. 20	Native of Md	Occupation Farmer
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		2

Husband of Saphia Hilman

Wife

Father's Name

Mother's Name

Name

Cause of	Primary	Consumption	How long sick
Death	Immediate	No	2 weeks

Accident, Suicide, Homicide

Reported by

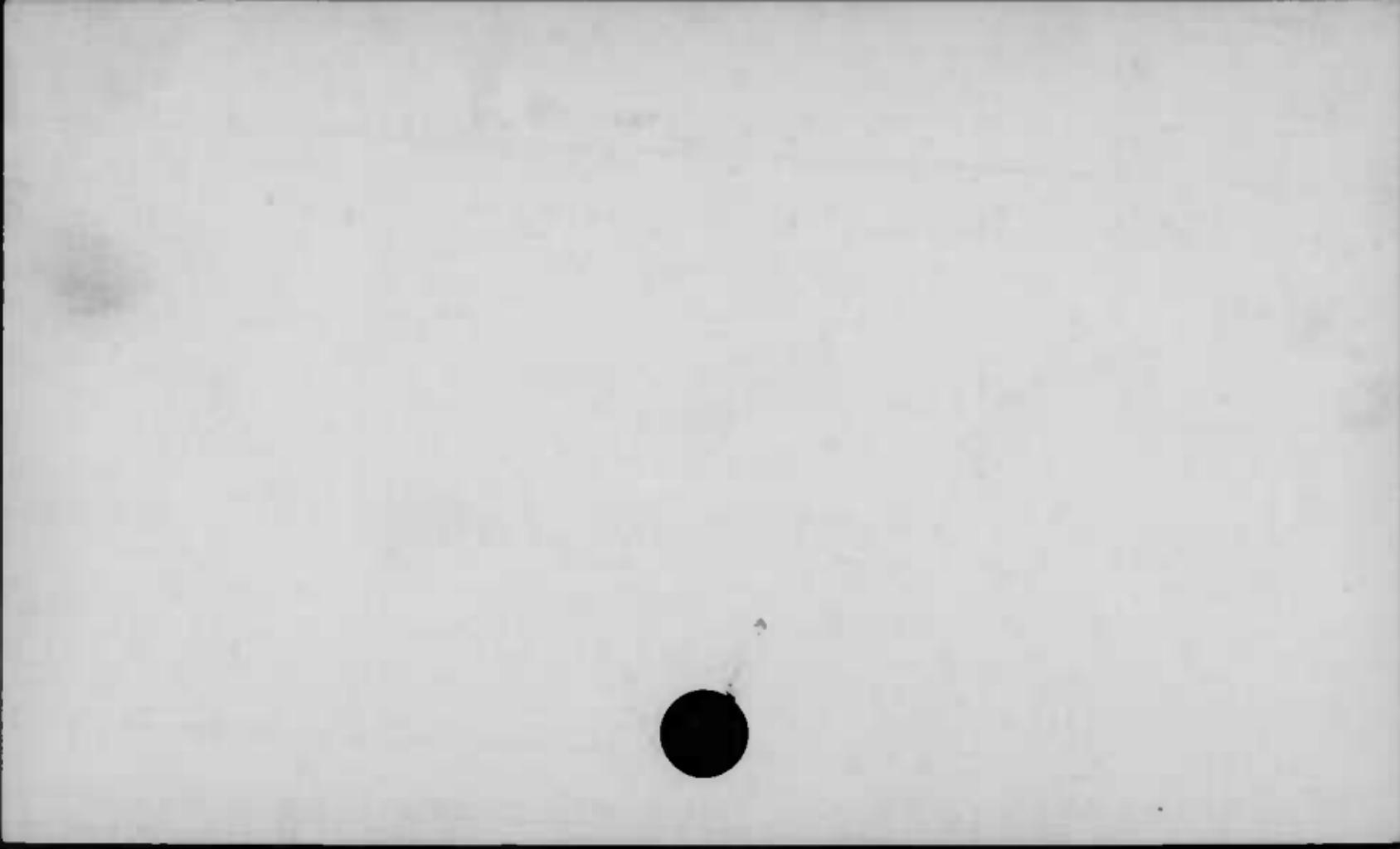
M E Frazer Undertaker

Address

Ferndale

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ruth King X

Town County

Died at

near Friendsville Garrett

MARYLAND

Date 1902 Nov. 21

Month Day

Y. M. D.

Native of

State

White

Age

80

Widow

Md

Occupation

Female

Colored

Married

Sing.

Widower

Buried

Number of children living

Husband of

Wife

Father's

Name

200 person

Mother's

Maiden Name

dont know

Cause of

Primary

old age

How long sick

6 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

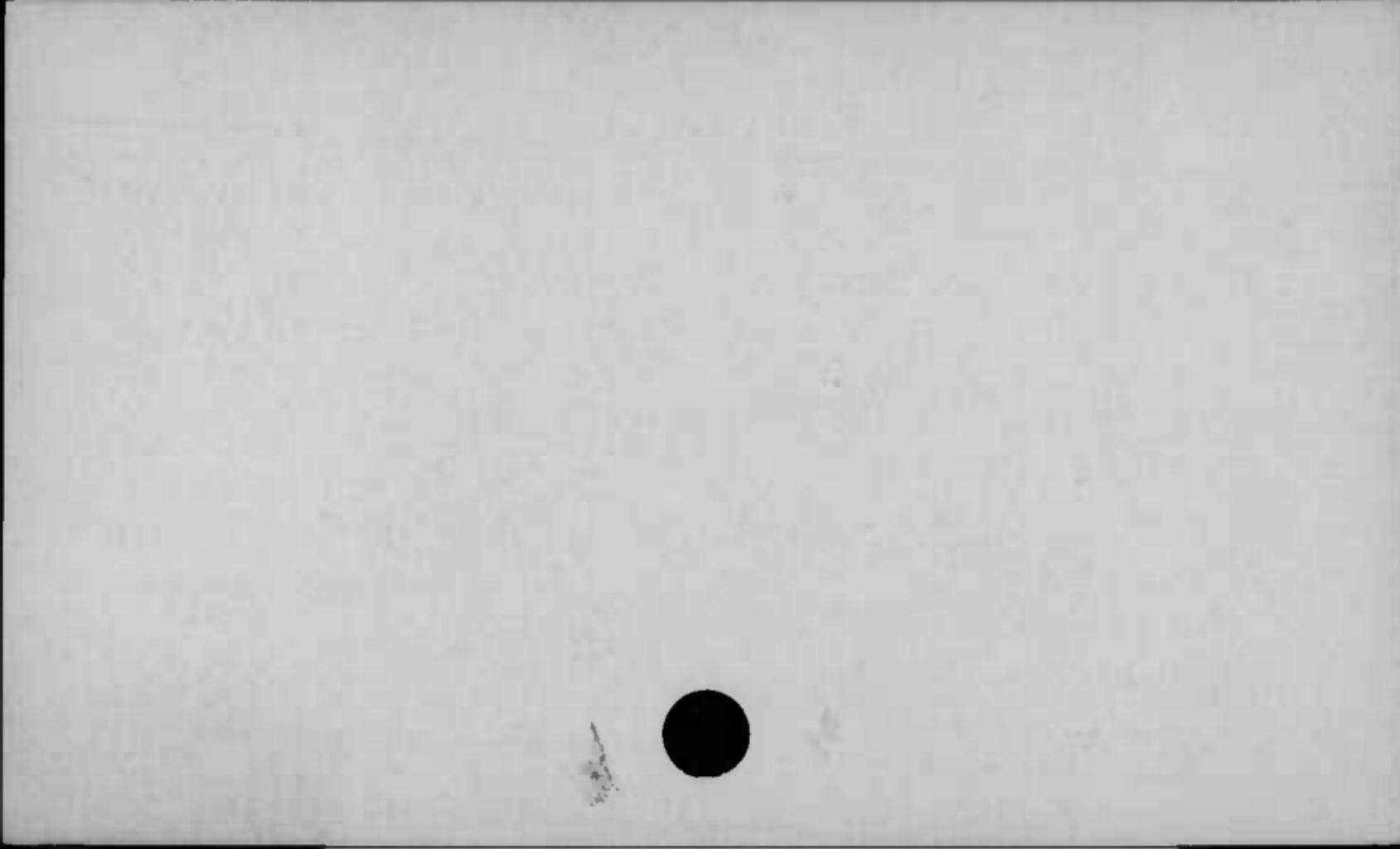
M. E. Frazer. undertaker

Address

Friendsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Ethe Taylor

Town

County

MARYLAND

Died at

Lock Lynn

Month

Day

Y.

M.

D.

Native of

Gariett

Occupation

Date 1902

Nov - 2

Age 19 -

-

Native of

Virginia

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Death

Immediate

Reported by

Address

Mother's

Maiden Name

How long sick

about 5 wks.

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elijah Van Sickle X

Died at	Town	County				MARYLAND
	Friendsville	Garrett				
Date	Month	Day	Y.	M.	D.	Native of
1902	Nov	6	Age	28	7	Md.
Male	White	Married	Widow	Occupation		Labor
Father	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name

Mother's
Maiden Name

Estancy Van Sickle

Cause of

Primary

How long sick

Death

Immediate

5 weeks

Accident, Suicide, Homicide

Reported by

S Savages Undertaker

Address

Friendsville Md X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

